



Water Resources Program
Application for Change/Transfer
of Water Right

For Ecology Use
(Date Stamp)

13 APR -8 A8:45

DEPT. OF ECOLOGY
FISCAL & BUDGET

For filing with the Department of Ecology or with
County Water Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☐ Change point(s) of diversion/withdrawal
☒ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: See Associated Earth Sciences, Inc.,
"Project Summary Report for Water Right G1-02564C."

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 4/13/13
CHECK NO. _____ FEE \$ 50.00
DATE ACCEPTED 4/12/13 BY PK
CHANGE NO. CET-02564C
COUNTY Whatcom WRIA 1
SPECIAL AREA _____

SEPA: ☒ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. _____ PERMIT NO. _____

CERT NO. _____ CERT OF CHG NO. _____

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

REET 4/23/13

1. Applicant Information

| | | |
|---|----------------------------------|--------------------------------|
| APPLICANT/BUSINESS NAME Kevin Berendsen/Berendsen Dairy | PHONE NO. 360-815-4455 | FAX NO. |
| ADDRESS 3125 East Badger Road | | |
| CITY Everson | STATE WA | ZIP CODE 98247 |
| CONTACT (IF DIFFERENT FROM ABOVE) David Baumgarten/Associated Earth Sciences, Inc. | PHONE NO. 425-259-0522 | FAX NO. 425-252-3408 |
| ADDRESS 2911 1/2 Hewitt Ave., Suite 2 | | |
| CITY Everett | STATE WA | ZIP CODE 98201 |
| LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE Kevin Berendsen/Berendsen Dairy | PHONE NO. 360-815-4455 | FAX NO. |
| ADDRESS 3125 East Badger Road | | |
| CITY Everson | STATE WA | ZIP CODE 98247 |

2. Water Right Information

| | |
|--|--|
| WATER RIGHT OR CLAIM NUMBER G1-02564CWRIS | RECORDED NAME(S) John J. Stadt |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____ | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

A detailed discussion of the irrigation operations authorized under water right G1-02564C is included in Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------------------------------|-----|----|----|------|------|------|--------------|------------|
| Irrigation Well (Existing POW) | | NW | NE | 17 | 40N | 4E | 400417137577 | |
| Irrigation Well (Past POW) | | SE | SE | 08 | 40N | 4E | 400408458073 | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------|-----|----|----|------|------|------|--------------|------------|
| Irrigation Wells | | SE | NW | 08 | 40N | 4E | 400408187336 | |
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DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: _____

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. See the Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|----------------------|
| Irrigation | 180 GPM | 58 | April 15 – October 1 |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------|------------|------------|----------------------|
| Irrigation | 180 GPM | 58 | April 15 – October 1 |
| | | | |
| | | | |

5. Place of Use:

A. Existing

| | | | | | | | |
|---|----|------|------|------|---------|--------------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
| SE1/4, SE1/4 of Section 08, T40N, R4E | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SE | SE | 08 | 40N | 4E | Whatcom | 400408458073 | 39 |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| IF NO, PROVIDE OWNER(S) NAME: <u>See attached map and the Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".</u> | | | | | | | |

B. Proposed

| | | | | | | | |
|---|----|------|------|------|---------|--------------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
| <u>See attached map and the Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".</u> | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| SE | NW | 08 | 40N | 4E | Whatcom | 400408187336 | 39 |
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| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| IF NO, PROVIDE OWNER(S) NAME: <u>See the attached map and Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".</u> | | | | | | | |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. See the attached map and Associated Earth Sciences "Project Summary Report for Water Right G1-02564C".

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

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| IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____ |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Kevin Berendsen – Berendsen Dairy
Applicant Printed Name – Title


Applicant Signature

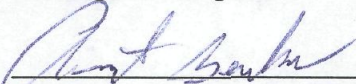
3/15/13
(Date)

August Berendsen
Water Right Holder Printed Name


Water Right Holder Signature

3/15/13
(Date)

August Berendsen
Land Owner of Existing Place of Use Printed Name


Land Owner of Existing Place of Use Signature

3/15/13
(Date)

August Berendsen
Land Owner of Proposed Place of Use Printed Name


Land Owner of Proposed Place of Use Signature

3/15/13
(Date)

Please check the region in which the project is located:

| | | |
|--|--|---|
| *Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611 | <input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490 | <input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400 |
| | <input checked="" type="checkbox"/> Northwest Regional Office 3190 – 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000 | <input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300 |

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____